MEU (SOC) MEDICAL CONSIDERATIONS

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OBJECTIVES

1. Describe MEU/ARG Medical Assets

2. List six MEU (SOC) missions and discuss two medical considerations for each.

3. Relate several lessons learned from simulated chemical casualty management.

MARINE EXPEDITIONARY UNIT (MEU)

- COMMAND ELEMENT (CE)
  COMMAND CONTROL & LEADERSHIP
  220 (30, 190)

- GROUND COMBAT ELEMENT (GCE)
  REINFORCED BATTALION LANDING TEAM
  1250 (50, 1200)

MEU

- AIR COMBAT ELEMENT (ACE)
  COMPOSITE ORGANIZATION
  CH-46E, CH-53E, UH-1N, AH-1W & AV-8B
  320 (60, 260)

- COMBAT SERVICE SUPPORT ELEMENT (CSSE)
  Eight Platoons (Headquarters, Comms, Supply, Engineering, Transportation, Medical, Maintenance & Landing Support.)

MEU

- 7 MEUs
- “911” FORCE
- DEPLOY WITH AMPIBIOUS READY GROUP (ARG)

SSPECIAL OPERATIONS CAPABLE (SOC)

- IMPETUS FOR SOC CAPABILITY
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  - IRANIAN HOSTAGE RESCUE (1980)
  - “LOW INTENSITY CONFLICTS”
  - FIRST TRAINING EVOLUTION (1984)

SOC

- TRAINING
  - SPECIFIC OPERATIONS/MISSIONS
  - RAPID RESPONSE PLANNING PROCESS (R2P2)
  - G7 RESPONSIBILITY FOR TRAINING

SOC

- EVALUATION CERTIFICATION
  - MISSION CAPABILITY
  - R2P2
  - EVALUATORS - SENIOR OFFICER OBSERVER TEAM (BLUE) & TRAINER/EVALUATOR CONTROL GROUP (TECG)
  - CERTIFIED D-60 (SOCEX)

MEDICAL PLANNERS

- COMMANDER AMPHIBIOUS TASK FORCE (CATF SURGEON).
- MEDICAL REGULATING CONTROL OFFICER (MRCO)
- MEU REPRESENTATIVES
  - BLT OR MEU SURGEON, MED PLANNER

MEDICAL PLANNING FOR MEU (SOC)

- IN CONJUNCTION WITH R2P2
  - INTELLIGENCE
  - MEDICAL THREATS
  - CASUALTY ESTIMATES
  - REAL WORLD & NOTIONAL MEDEVACS
  - MEDICAL ASSETS

MEDICAL ASSETS AFLOAT

- 10 MC
- 4 DC
- 3 NC
- 3 MSC
- 4 IDC
- 107 HM
- 10 DT

MISSION / OPERATION MED PLANNING

- NEO - ? MEDICAL SCREENING
  ? SUPPLIES
- TRAP - ? EXPOSURE ? SPINAL CORD INJURY
- HADR - ? NGO ? CIVILIAN CARE

MISSION /OPERATION MED PLANNING

- AMPHIBIOUS RAID- ? HYPOTHERMIA
- AIRFIELD SEIZURE- ? BUDDY AID ? MEDEVAC PLAN
- AMPHIBIOUS ASSAULT- ? CASUALTY ESTIMATE ? BLOOD AVAILABLITY ? CBR CASUALTIES

MISSION/OPERATION MED PLANNING

- HUMOPS- ? MEDICAL SCREENING
- VBSS- ? HYPOTHERMIA ? EPW CARE

MEDICAL LESSONS LEARNED

- TRAP/CSAR (CONT.)
  - SPINAL STABILIZATION IS A CHALLENGE
  - STAFF ARE NOT SKILLED IN THE USE OF STRYKER FRAMES
  - TREATMENT OF HYPOTHERMIA NEEDS PRE-PREPARATION

MEDICAL LESSONS LEARNED

- TRAP/CSAR
  - MORE PERSONNEL NEEDED FOR SAFE EXTRACTION
  - MEDICAL INFO PASSED OVER RADIOS BY NON-MEDICAL PERSONNEL IS RARELY ACCURATE
  - HIGH DOSE STEROIDS WERE NOT AVAILABLE FOR ACUTE SPINAL CORD INJURY

MEDICAL LESSONS LEARNED

- TRAP/CSAR (CONT.)
  - STAFF SHOULD DRILL A HEAD TRAUMA PATIENT SCENARIO IN ORDER TO BECOME FAMILIAR WITH THE ADMIMNISTRATION OF MANNITOL, USE OF BURR HOLES, ETC.

MEDICAL LESSONS LEARNED

- VBSS
  - HOIST ASSETS &/CSAR TRAINED PERSONNEL NEED TO BE AVAILABLE
  - BLOOD SHOULD BE ON HAND
  - SURGEON AND ANESTHESIA PROVIDER NEED BACK-UP IN THE O.R.

MEDICAL LESSONS LEARNED

- VBSS (CONT.)
  - BARRIER PROTECTION IS INADEQUATE
  - DPL KITS SHOULD BE AVAILABLE
  - MEDICAL PROVIDERS REQUIRE TRAINING IN ULTRASONOGRAPHY
  - THE APPLICATION OF MAST TROUSERS FOR PELVIC STABILIZATION SHOULD BE PRACTICED

MEDICAL LESSONS LEARNED

- BOAT RAID
  - MEU COMMANDER EXPECTS CATF TO BE AWARE OF ALL THE FACTORS THAT DETERMINE SURVIVABILITY OF PERSONNEL IN THE WATER IN CASE OF A SMALL CRAFT ACCIDENT
  - BEWARE OF A HARD-WIRED MEDEVAC PLAN FOR REAL-WORLD CASUALTIES

MEDICAL LESSONS LEARNED

- BOAT RAID (CONT.)
  - SECONDARY CRTS (LPD OR LSD) REQUIRES A “HEADS-UP” FOR ALL MISSIONS
  - MEDICAL STAFF OF LSD AND LPD NEED TO DRILL FOR HYPOTHERMIA
  - LINE COMMUNITY REQUIRED FAMILIARIZATION WITH TRAUMA SYSTEM

MEDICAL LESSONS LEARNED

- NEO
  - SHIPS NEED BETTER PREP/PLAN FOR MANAGING NON-COMBATANTS WHO PRESENT WITH MEDICAL CONDITIONS (I.E. HIV EXPOSURE, TUBERCULOSIS, PREGNANCY, ETC.)
  - SURGEON SHOULD HAVE DIRECT COMMUNICATION WITH IDC/GMO RE: ACUTE ABDOMEN

MEDICAL LESSONS LEARNED

- AIRFIELD SEIZURE
  - DON'T ASSUME THAT MARINES ARE PROFICIENT IN SELF O R BUDDY AID
  - KNOW THE "LEGS' OF EACH AIRCRAFT WHEN PLANNING MEDEVACS
  - PROVIDE MEU COMMANDER A RATIONALE FOR YOUR MEDEVAC PLAN THEN "STAND FIRM"WITH YOUR DECISION

MEDICAL LESSONS LEARNED ARG /MEU #1

- MASS CASUALTY /CHEMICAL CONTAMINATION (BUS EXPLODED)
  - DECON EQUIPMENT WAS ON LPD
  - NO MEDICINALS WERE ASHORE
  - M-9 PAPER WAS NOT AVAILABLE
  - ELEVATOR TO MEDICAL IS UNRELIABLE
  - CHEM. CASUALTY CARE MUST BE EXERCISED

MEDICAL LESSONS LEARNED ARG/MEU #2

- MASS CASUALTY/CHEMICAL CONTAMINATION (MUSTARD GAS)
  - ONCE BLT MEDICAL PERSONNEL RESPONDED TO THE CHEMICAL CASUALTIES, THEY WERE CONFINED TO THE AREA OF CONTAMINATION
  - ONCE IN MOPP GEAR, MEDICAL PERSONNEL WERE UNRECOGNIZABLE

MEDICAL LESSONS LEARNED ARG/MEU #2

- MASS CASUALTY/CHEM CONTAM
  - COMMS BETWEEN PERSONNEL WAS STIFLED IN MOPP GEAR
  - CONVENTIONAL INJURIES TOOK A ‘BACK SEAT’ TO CONTAMINATION CONCERNS